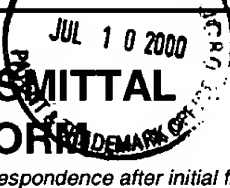


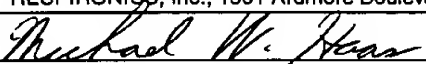
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 <p>TRANSMITTAL FORM (To be used for all correspondence after initial filing)</p>	Application Number	09/586,054
	Filing Date	June 2, 2000
	Inventor(s)	HILL et al.
	Group Art Unit	Unknown
	Examiner	Unknown
Total Number of Pages in This Submission: .4	Attorney Docket No.	98-37

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form (submit in duplicate) <input type="checkbox"/> Fee Attached \$ Check No.: <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Cited References <input type="checkbox"/> Search report <input type="checkbox"/> Drawing(s): Number of Pages Number of Figs. and cover sheet <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Cover Sheet <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) <input type="checkbox"/> Licensing - related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Address <input type="checkbox"/> Terminal Disclaimer(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> Issue fee Transmittal Form PTOL- 85(b) + (c) and cover sheet <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> Response to Missing Parts / Incomplete Application
<input type="checkbox"/> Other Enclosure(s): 		

Current Due Date: None

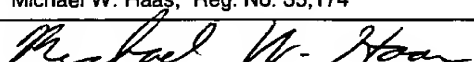
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual and Company	Michael W. Haas, Reg. No. 35,174 RESPIRONICS, Inc., 1501 Ardmore Boulevard, Pittsburgh PA, 15221
Signature	
Date	July 7, 2000

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all enclosures are being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 7, 2000.

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Signature		Date	July 7, 2000